

# In the Supreme Court of the State of Alaska

**Reid Duard Hayes,**

Petitioner,

v.

**State of Alaska,**

Respondent.

Supreme Court No. **S-17921**

## **Notice of Intent**

to Enter Judgment For Cost of  
Appointed Attorney

Date of Notice: **1/12/2021**

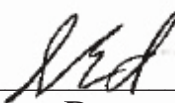
Trial Court Case No. **3AN-12-03709CR**

Unless you or the prosecutor objects by **3/1/2021** (you may use the enclosed form to file an objection), the court or clerk will enter a judgment against you for the cost of your appointed attorney as indicated below:

Type of Appellate Proceeding	Misdemeanor	Felony
Petition for Sentence Review	\$ 250	\$ 500
Petition for Review	500	1,000
<b>Petition for Hearing</b>	500	<b>1,000</b>
Original Application	500	1,000

Entered under Appellate Rule 209(b)(6).

Clerk of the Appellate Courts



Sarah Anderson, Deputy Clerk

cc: Reid Hayes  
P.O. Box 877790  
Wasilla AK, 99687-7790

Distribution:

Email:  
Horowitz, Michael, OPA - Contract  
Blum, Hazel Claire

# In the Supreme Court of the State of Alaska

**Reid Duard Hayes,**

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Supreme Court No. **S-17921**

## **Opposition to Entry of Judgment For Cost of Appointed Attorney**

Date of Notice: **1/12/2021**

Trial Court Case No. 3AN-12-03709CR

I oppose the entry of the proposed judgment against me for the cost of appointed attorney for the following reason(s):

- ☐ My conviction was reversed on appeal.
- ☐ I filed the following type of action, but the clerk or court assessed the wrong amount for this action:
  - ☐ Petition for Hearing
  - ☐ Petition for Review
  - ☐ Petition for Sentence Review
  - ☐ Original Application
- ☐ The clerk or court is proposing to enter more than one judgment against me. This is not correct because all of my offenses were resolved in one court proceeding.
- ☐ I should be assessed less than the scheduled amount because my attorney spent only \_\_\_\_ hours on my case. (If you check this box, you must attach a statement from your attorney showing the hours spent on your case.)
- ☐ Other \_\_\_\_\_

\_\_\_\_\_  
Appellant/Petitioner's Daytime Phone

\_\_\_\_\_  
Appellant/Petitioner's Signature

\_\_\_\_\_  
Appellant/Petitioner's Mailing Address      City      State      Zip

Mailed to State's Attorney on: \_\_\_\_\_ (Date)